

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>1031933</b>	FILING DATE					
							APPLICANT'S						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3		2					53						
4		2					54						
5		0					55						
6		0					56						
7		0					57						
8		1					58						
9		1					59						
10		1					60						
11		3					61						
12		1					62						
13		1					63						
14		0					64						
15		0					65						
16		0					66						
17		0					67						
18		0					68						
19		1					69						
20							70						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						